

Name
in
Full

Archibald Gaster

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at <i>Near St. Marys</i>	<i>Garrett</i>				
Date of death <i>1907</i>	Month <i>March</i>	Day <i>28</i>	Years <i>61</i>	Months <i>3</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near St. Marys Md</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Thomas Gaster</i>			Father's Birthplace <i>N. Va</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Dolph Cauder</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	104	How long <i>three weeks</i>
Immediate <i>Heart failure</i>		How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No. Physician, M. E. Feiger</i>	
Accident or Suicide?	<i>Indigestion</i>	

Blooming Rose

Name
in
Full

Frank Coddington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oakland</u>		Town <u>Town</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Mar.</u>	Day <u>17</u>	Age <u>37</u>			Months	Days
Sex <u>male</u>	Color or Race <u>white</u>				Birth-place		
Occupation <u>Mail Carrier</u>	Where Residing if not at place of death <u>El Dorado</u>						
Married, Single Widowed	Name of Wife or Husband				Father's Birthplace		
Father's Name					Mother's Birthplace		
Mother's Maiden Name					How related to deceased		
Name of person giving information							

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

18 hours

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

William Henry Buschleg						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Date of death	1907	Month	3	Age	83	Years	Months	Days
Sex	Male	Color or Race	white		Birth-place	Germany		
Occupation	Farmer		Where Residing if not at place of death		Granville Md			
Married, Single or Widowed	Married	Name of Wife - Husband	Sophia Augusta Howser		Father's Birthplace	Germany		
Father's Name	Jacob Buschleg				Mother's Birthplace			
Mother's Maiden Name					How related to deceased	Son		
Name of person giving information	Frank Buschleg							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

154

How long

Bant/Prono

Immediate

Heart Failure

How long

2 or 3 months

Are the name, age, sex, color, date and place correctly given above?

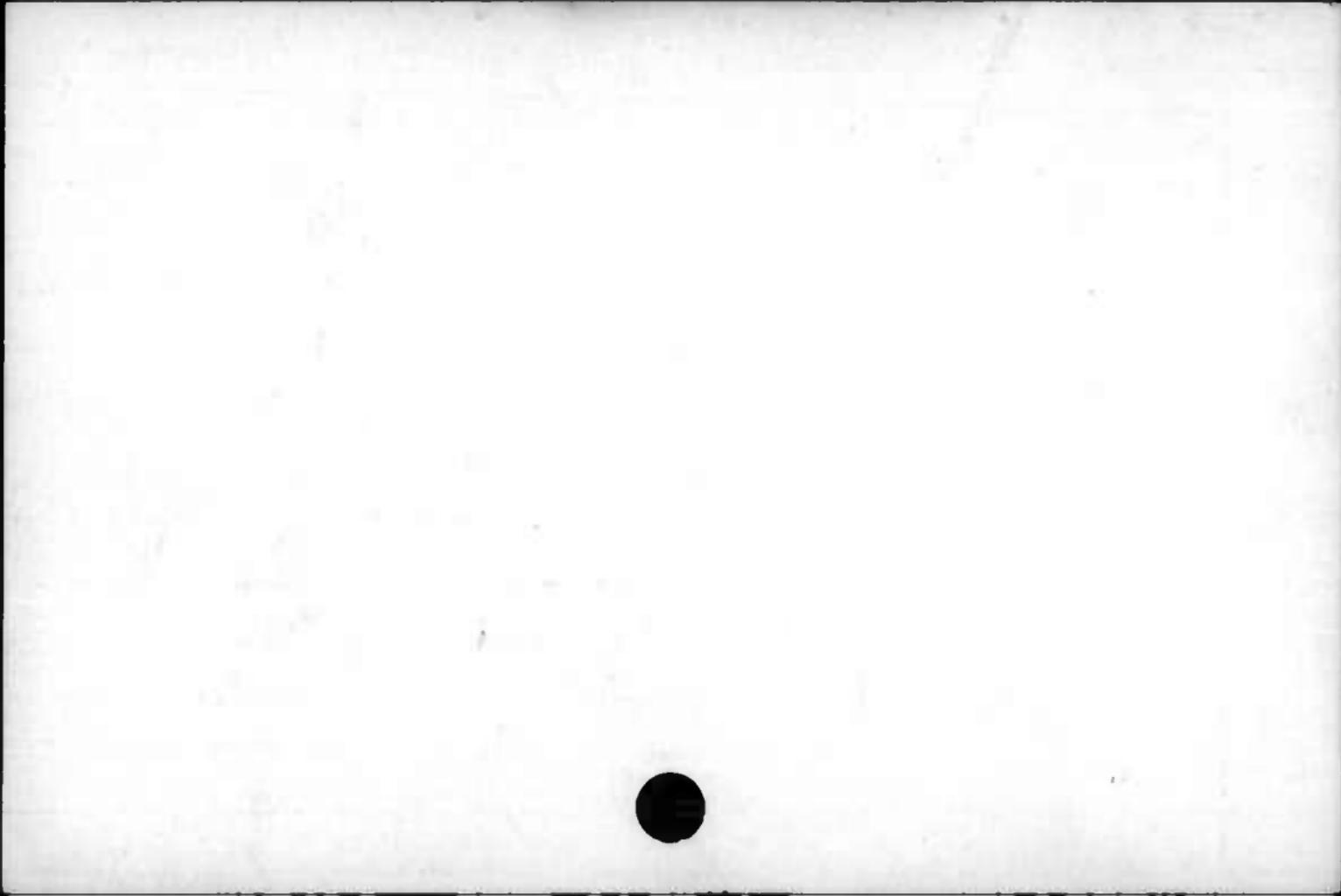
yes

Signature of Physician

Address

H. L. Berans
Granville
He was seen
care by R. Bowens Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant		Fisher		CERTIFICATE OF DEATH		
Died at Kendal		County Garrett		MARYLAND		
Date of death 1907	Month Mar	Day 23	Age —	Months —	Days 10 minute	
Sex Male	Color or Race white	Occupation —		Birth- place Maryland		
Married, Single or Widowed —	Name of Wife or Husband —	Where Residing if not at place of death —				
Father's Name Daniel Fisher	Father's Birthplace Pa					
Mother's Maiden Name Elvire Hinbaugh	Mother's Birthplace Md					
Name of person giving Information John Hoff	How related to deceased neighbor					

CAUSES OF DEATH

151

Primary
Premature

Immediate
"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. J. Mason
Frederickville
Md

Accident or Suicide? —

Markley

Name
in
Full

Kelon Louise Hoffman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	14		
Occupation	Where Residing if not at place of death			Accident	
Married, Single or Widowed	Name of Wife or Husband		/		
Father's Name	John Hoffman		Father's Birthplace	Md	
Mother's Maiden Name	Margaret Browning		Mother's Birthplace	Md	
Name of person giving information	John Hoffman		How related to deceased	Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

malformation

How long

Immediate

malformation

How long

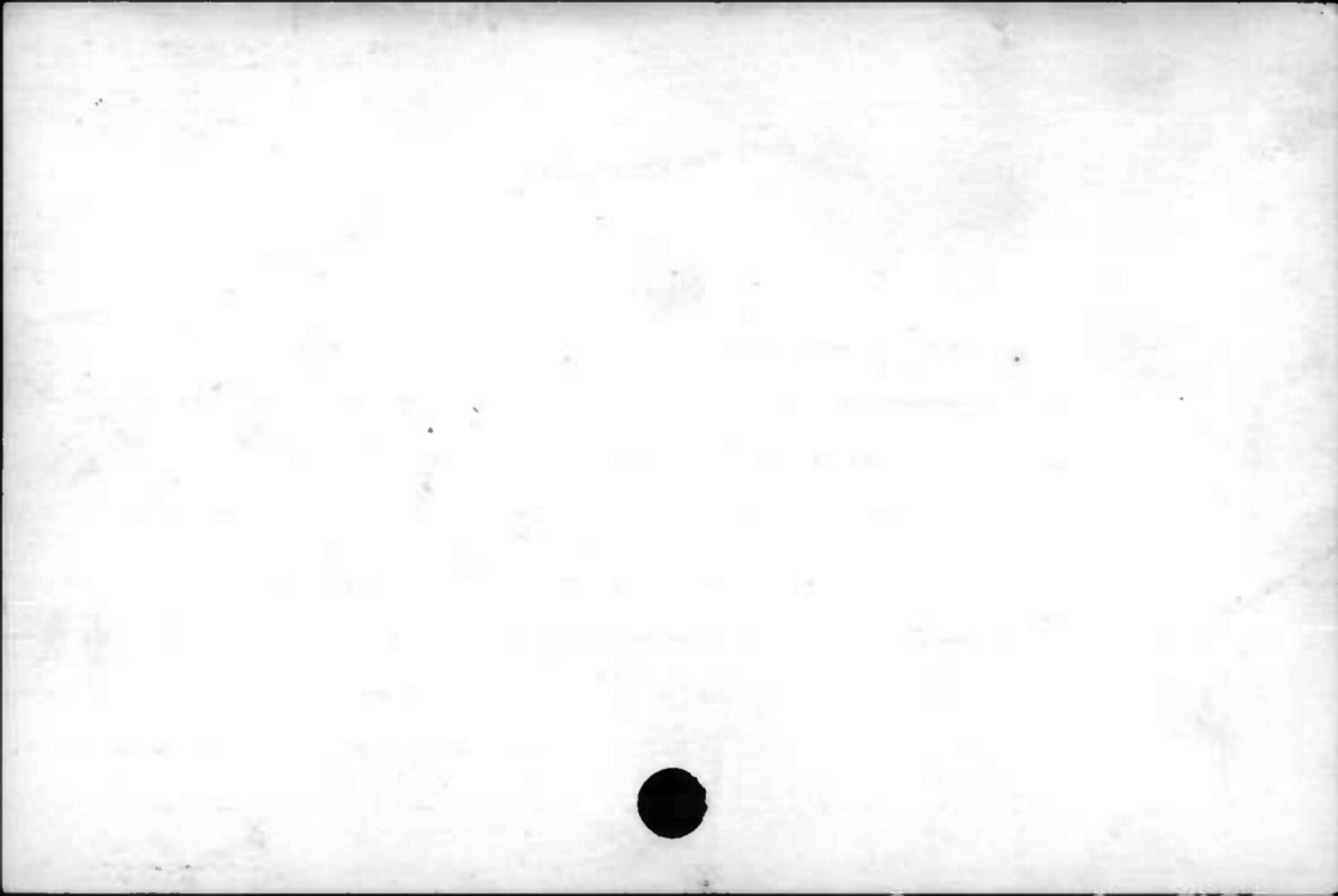
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J.R. Bayer M.D.
Accident
Md.



Name
in
Full

Charles Swayze Laughlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Deer Park</u>		County <u>Garrison</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Mar.</u>	Day <u>29</u>	Age <u>31</u>	Months <u>5</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Yard Alta W. Va.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Operator</u>				
Name of Wife or Husband <u>Ella, E. Laughlin</u>					
Father's Name <u>John S. Laughlin</u>	Father's Birthplace <u>Petersburg, Pa.</u>				
Mother's Maiden Name <u>Sarah A. Shanks</u>	Mother's Birthplace <u>Shanksville, Pa.</u>				
Name of person giving Information <u>Sarah A. Laughlin</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis - 27

How long

3 years 6 month

Immediate

Phthisis Pulmonalis

How long

1 "

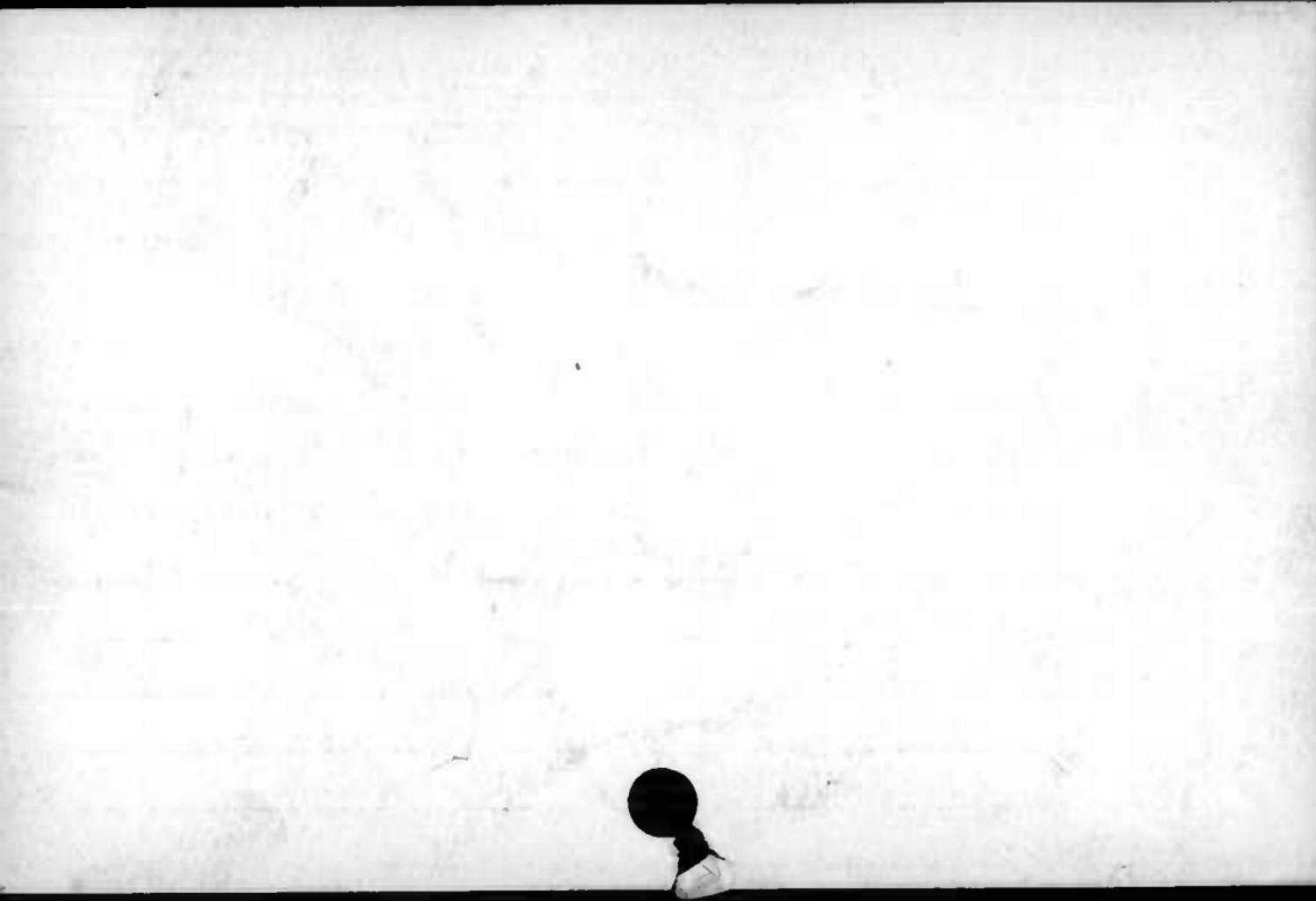
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. T. ColeDeer Park Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Suzie						CERTIFICATE OF DEATH		
Died at <u>Swanton</u> Town			County <u>Garrison</u>			MARYLAND		
Date of death <u>1907</u>	Month <u>March</u>	Day <u>31</u>	Years <u>—</u>	Age <u>—</u>	Months <u>—</u>	Days <u>14</u>		
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace <u>Swanton, Md</u>						
Occupation <u>infant</u>	Where Residing if not at place of death							
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>							
Father's Name <u>James E. Suzie</u>						Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Emma C. Avril</u>						Mother's Birthplace <u>W. Va</u>		
Name of person giving Information <u>James E. Suzie</u>						How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary

Gastritis

104

How long

Immediate

14 days

Are the name, age, sex, color, date and place correctly given above?

yes

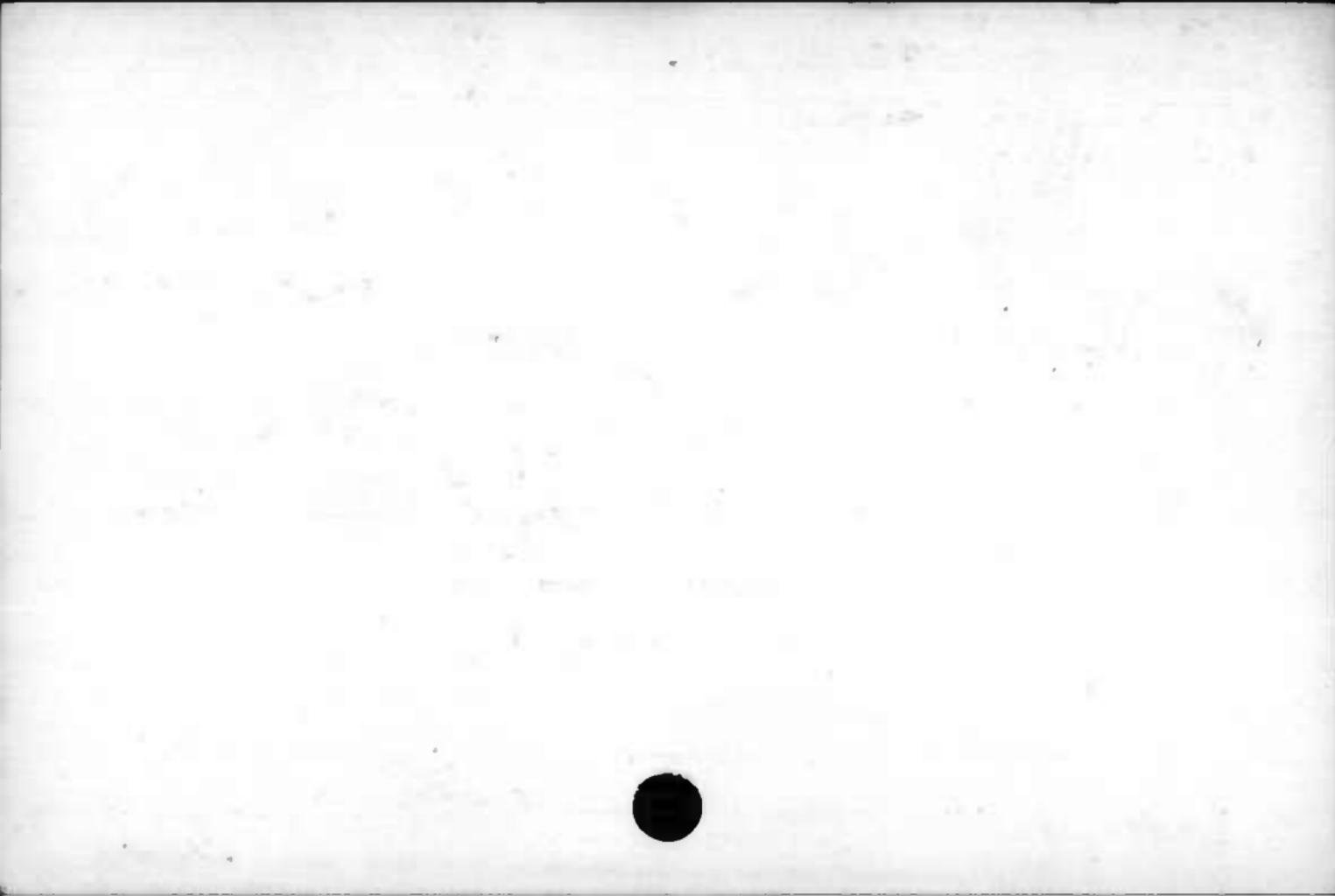
Signature of Physician

G. H. Openbaker

Address

Swanton, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Isabel Mc Kinzie				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1907	Month Mar.	Day	Years	Age	Months	Days
Sex	Female	Color or Race	White	Birth-place	Garrett Co. Md.	4	9
Occupation	Housewife		Where Residing if not at place of death	Swanton Ind.			
Married, Single or Widowed	Married	Name of Wife or Husband	George Mc Kinzie.				
Father's Name	Thomas Gibbons		Father's Birthplace	Garrett Co. Md.			
Mother's Maiden Name	Maria Gibbons.		Mother's Birthplace	Garrett.			
Name of person giving information	George H. Mc Kinzie		How related to deceased	Husband.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Anæmia

54

How long

3 mo

Immediate

Heart Failure

How long

-

Are the name, age, sex, color, date
and place correctly given above?

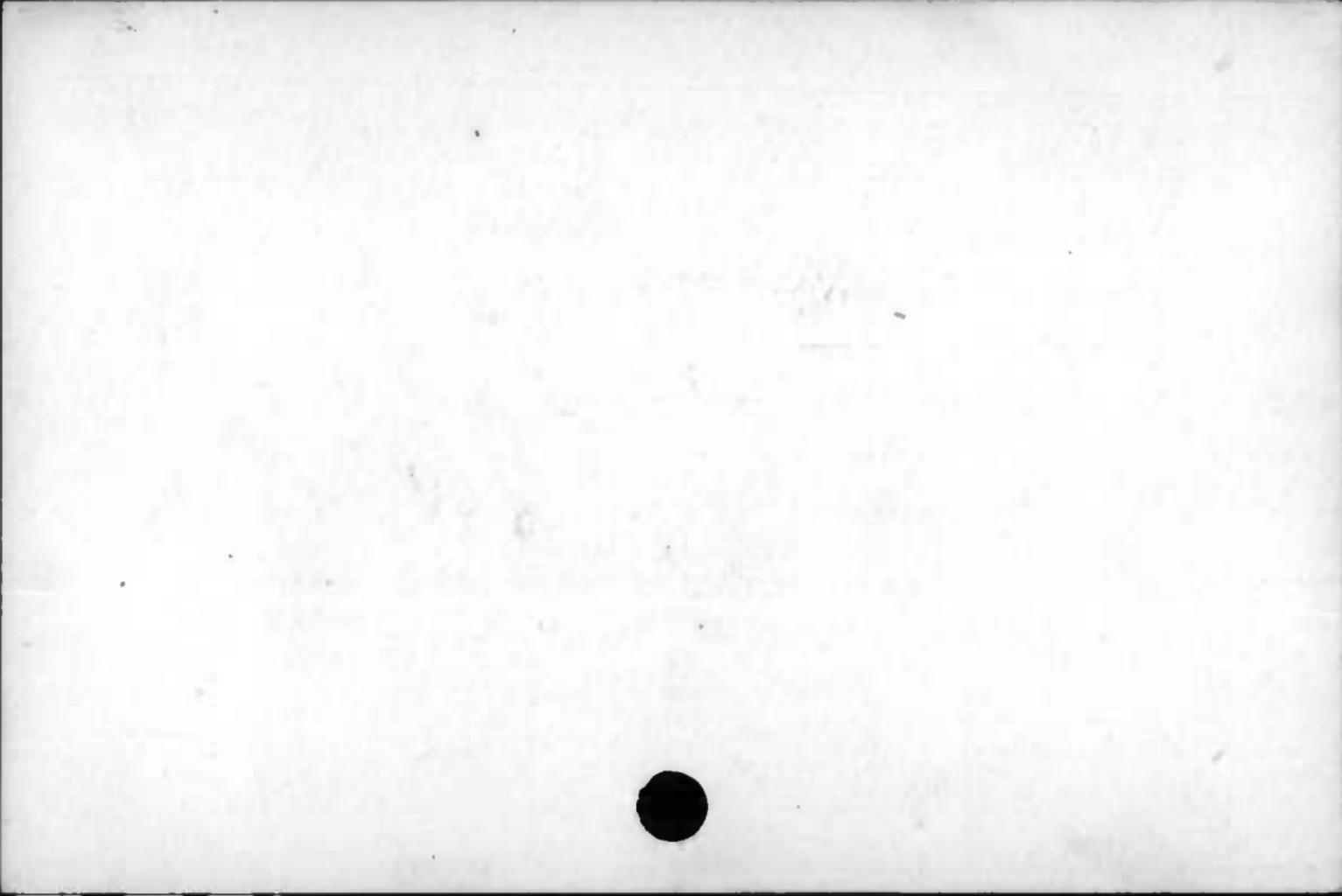
yes.

Signature of
Physician

Address

J. T. C. Cole
Negro Park.

Accident or Suicide?



Name
in
Full

Chas A. Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Friendsville		Garrett			
Date of death	1907	Month 3	Day 8	Years 52	Months 7	Days 12
Sex	male	Color or Race	white	Birth-place	Addison Pa	
Occupation	Hotel Proprietor			Where Residing if not at place of death	Friendsville Md.	
Married, Single or Widowed	Widower	Name of Wife or Husband	Sue M. Mitchell	Father's Birthplace		
Father's Name	John T Mitchell			Mother's Birthplace		
Mother's Maiden Name	Elizabeth Hossing			How related to deceased	Son	
Name of person giving information	Lou M. Mitchell					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

179

How long

Immediate

Heart Failure

How long

sudden

Are the name, age, sex, color, date and place correctly given above?

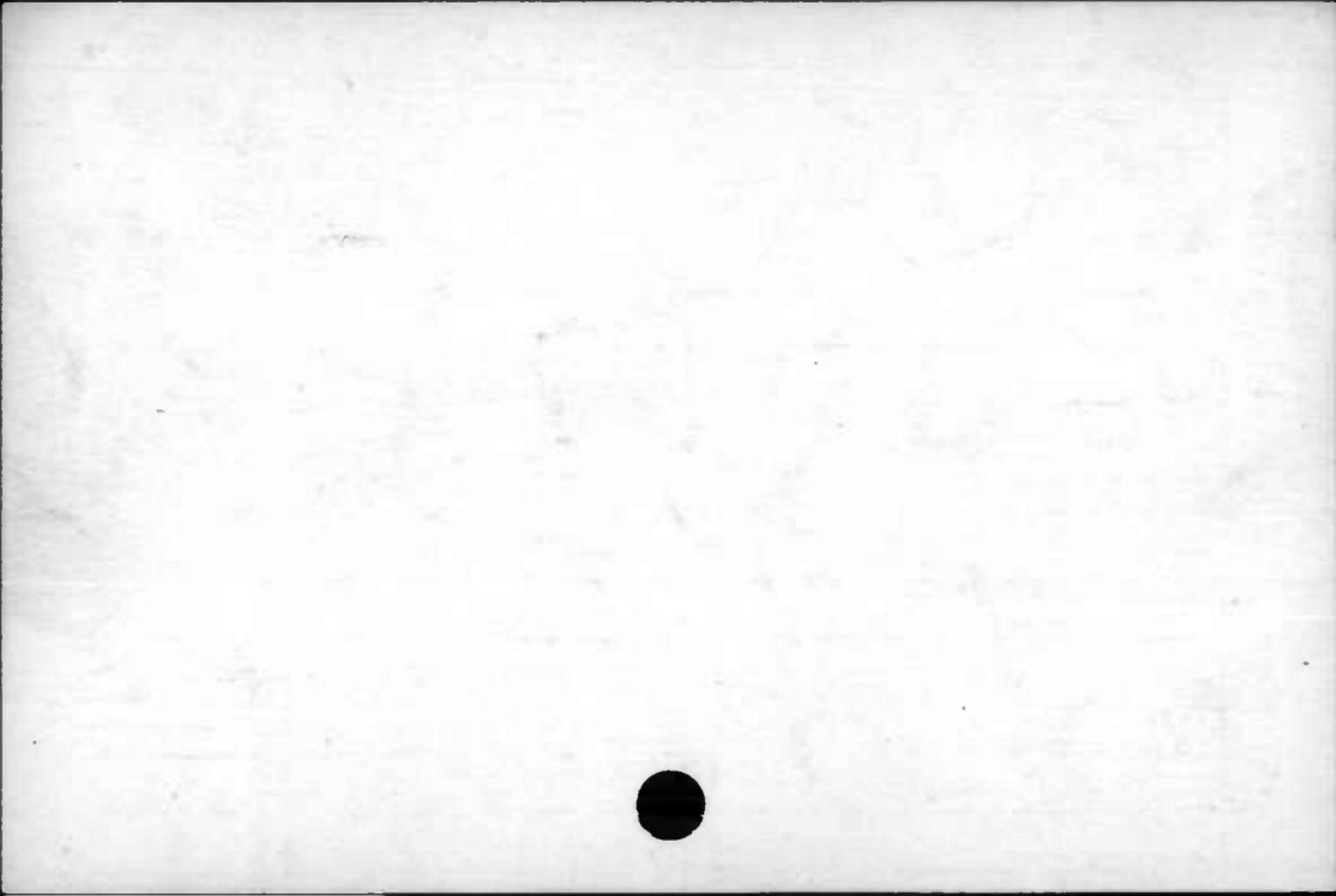
yes

Signature of Physician

Address

A. Mason MD.
Friendsville
Md

Accident or Suicide?



Name
in
Full

Thomas Michael Beard Shaffer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Hager

County
Garrett

MARYLAND

Date
of death 1907

Month
March

Day
13

Years
74

Months
8

Days
11

Sex
Male

Color or
Race
White

Birth-
place
Hagerstown

Occupation
Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband
Sarah L. Eller

Father's
Birthplace
Hagerstown

Father's
Name
John A. Shaffer

Mother's
Maiden Name
Eller

Mother's
Birthplace
Hagerstown

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

179

How long

Primary

General debility

How long

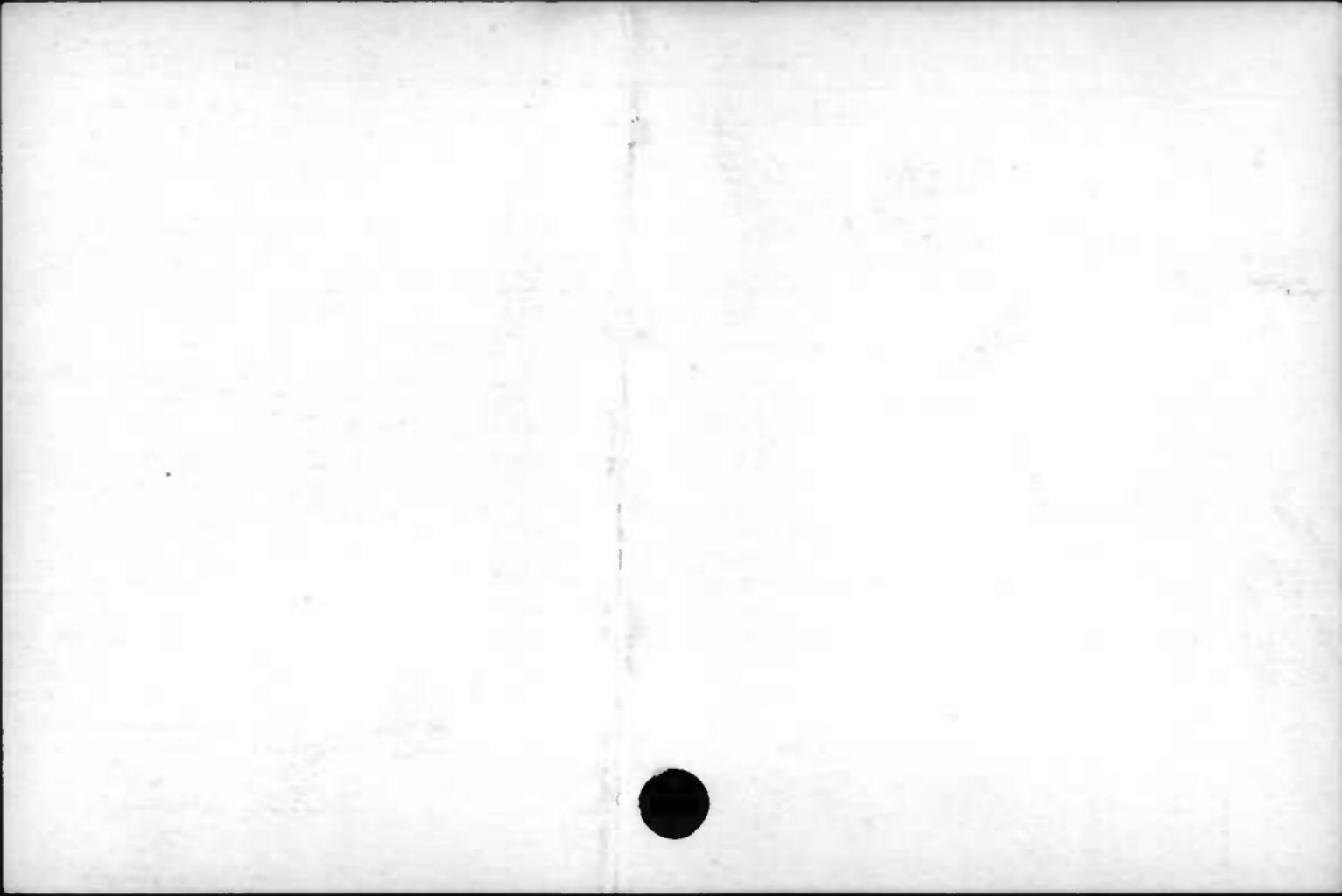
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
J. Gilbert Selby

Address
Egion

Accident or Suicide?



Elizabeth C Shell
Town County

Died at Midake Park Garrett

MARYLAND

1907 Month Day Y. M. D.
Date of death March 19 Age 74

Native of West Va

Occupation

Mate White Married Widow
Female Colored Single Widower

Divorced

Number of children living

Husband of James Shell

Mother's
Name

Wife

Father's

Name

Cause of

Primary

Pneumonia
Pneumonia

How long sick

10 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

JW Langham

27

Address

Midake Park

✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	1907	Month March	Day 11	Years 16	Months 6	Days 81
Sex	Male	Color or Race	White	Birth-place	Granville	
Occupation	Boy	Where Residing if not at place of death			Granville Md	
Married, Single or Widowed	Single	Name of Wife or Husband	←			
Father's Name	Cyrus Tammkin			Father's Birthplace	Gunning Pa	
Mother's Maiden Name	Ellen Ferrill			Mother's Birthplace	Gunning Mills Pa	
Name of person giving information	Chas. Tammkin			How related to deceased	Brother	

Compound comminuted

CAUSES OF DEATH

Primary

Fractured skull. Fragments entering brain

Immediate

Access still in brain

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. J. Robison

Granville

Caused by fall from a horse.

Accident

✓ Garrett Co. Md.

14

How long

18 day

How long

44 hours



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant *from 105 "Copy"*
Died at *Red Lause* Town *Garrett* County

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information		How related to deceased	

CAUSES OF DEATH

Primary	<i>Infantile Convallina</i>	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

